

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | AM | 917 | 03-28-01 |
| RESPONSE FORMALITY REVIEW | M-H | 625 | 07-30-01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------|------|
| Final | |
| Original | |
| 1 | ✓ |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
| 5 | ✓ |
| 6 | ✓ |
| 7 | ✓ |
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| 33 | ✓ |
| 34 | ✓ |
| 35 | ✓ |
| 36 | ✓ |
| 37 | ✓ |
| 38 | ✓ |
| 39 | ✓ |
| 40 | 0 |
| 41 | 0 |
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| Claim | Date |
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| Final | |
| Original | |
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| Claim | Date |
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| Final | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)